WAIVER	TRADITIONAL SERVICES	PARTICIPANT DIRECTED (PDS)	LEVEL OF CARE and
		SERVICES	SERVICE AUTHORIZATION
Supports for Community	Case management	Community access	ICF/IID level of care
Living (SCL)	Community access	Community guide	907 KAR 1:022
Ziving (SCZ)	Community guide	Environmental accessibility adaptation	
Services for individuals with	Community transition	Goods and services	Initial eligibility assessment is
intellectual or developmental	Consultative clinical and therapeutic	Natural supports training	done upon receipt of application
disability with cognitive deficits who	Day training	Personal assistance	and documentation.
meet ICF/IID level of care and	Environmental accessibility adaptation	Respite	
Medicaid waiver financial eligibility	Goods and services	Shared living	Within 60 days of allocation
Medicaid Waiver Eligibility Fact	Natural supports training	Supported employment	letter, the case manager submits
Sheet	Person centered coaching	Transportation	level of care information,
Sheet	Personal assistance	Vehicle adaptation	facilitates the development of the
Apply with supporting documentation	Positive behavior supports		initial 120 person centered
through kynect benefits	Residential support services (level I, level	Contacts:	service plan, and submits the
OR	II, and technology assisted)	Current Case Manager	plan in MWMA.
by calling the <u>Department for</u>	Respite	2. Department for Medicaid Services	
Community Based Services	Shared living	https://chfs.ky.gov/agencies/dms/dca/Pages/cdo.as px 502-564-7540	The Supports Intensity Scale
(DCBS) at (855) 306-8959 or in-	Specialized medical equipment and supplies		(SIS) is conducted by a State
person at a DCBS office	Supported employment		assessor with the person and at
OR	Transportation	Independent Living https://chfs.ky.gov/agencies/dail/Pages/pds.aspx	least two respondents who have
Contact the local CMHC to request	Vehicle adaptation	502-564-6930	known the person for at least 90
completion of the application		302 304 0730	days.
https://dbhdid.ky.gov/cmhc/default.as	Contact:		
<u>px</u>	http://dbhdid.ky.gov/ddid/scl.asp		The Case Manager facilitates
<u>by</u>	502-564-7702		person centered planning
Websites:			identifying what people admire
Websites.	Forms:		about the person, what is
https://chfs.ky.gov/agencies/dms/dca/	https://chfs.ky.gov/agencies/dms/Pages/map		important to and important for
Pages/scl-waiver.aspx	<u>forms.aspx</u>		the person. The team identifies
ragos/sor warver.aspx			the amount and frequency of
https://dbhdid.ky.gov/ddid/scl.aspx			services to match preferences
impontationary govi data solutopi			and assessed needs. The person
			centered service plan is
			developed and submitted in
			MWMA.

Medicaid Home and Community Based Waiver Programs Overview

WAIVER	TRADITIONAL SERVICES	PARTICIPANT DIRECTED (PDS)	LEVEL OF CARE and
		SERVICES	SERVICE AUTHORIZATION
Michelle P	Case management	Home & community support	ICF/IID or nursing facility level
Nonresidential services limited to 40	Homemaker	Goods and services	of care
hours per week excluding respite and	Personal care	Community Day support	907 KAR 1:022
case management for individuals with	Attendant care	Financial management	
Intellectual or Developmental	Respite care		CMHCs complete the level of
Disabilities who meet ICF/IID or	Environmental or minor home adaptation		care assessment.
nursing facility level of care and	Occupational therapy	Contacts:	
Medicaid waiver financial eligibility	Physical therapy	 Current Case Manager 	Within 60 days of allocation
Medicaid Waiver Eligibility Fact	Speech therapy	2. Department for Medicaid	letter, the Case Manager or
Sheet	Adult day training	Services	Support Broker facilitates person
	Supported employment	https://chfs.ky.gov/agencies/dms/dca/Pa	centered planning identifying
Apply with supporting documentation	Behavioral support	ges/cdo.aspx 502-564-7540	what people admire about the
through kynect benefits	Adult Day Health Care (ADHC)		person, what is important to and
OR OR	Community living supports	3. Department for Aging and	important for the person. The
Contact the local CMHC to request an		Independent Living https://chfs.ky.gov/agencies/dail/Pages/	team identifies the amount and
assessment and completion of the	Contact:	pds.aspx	frequency of services to match
application	https://chfs.ky.gov/agencies/dms/dca/Pages/	502-564-6930	preferences and assessed needs.
https://dbhdid.ky.gov/cmhc/default.as	mpw.aspx		The person centered service plan
px	502-564-5560		is developed and submitted in
<u> </u>			MWMA.
	Forms:		
Website:	https://chfs.ky.gov/agencies/dms/Pages/map		
https://chfs.ky.gov/agencies/dms/dca/	<u>forms.aspx</u>		
Pages/mpw.aspx			

WAIVER	TRADITIONAL SERVICES	PARTICIPANT DIRECTED (PDS)	LEVEL OF CARE and
		SERVICES	SERVICE AUTHORIZATION
Acquired Brain Injury (ABI) For adults with an acquired brain injury who can benefit from intensive rehabilitation services designed to assist participants in reentering the community and functioning independently. ABI regulation and Acquired Brain Injury Long Term (ABI-LT) For adults with an acquired brain injury who have reached a plateau in their rehabilitation level. They require maintenance services to live safely in the community. ABI LTC regulation Meet nursing facility level of care and Medicaid waiver financial eligibility Medicaid Waiver Eligibility Fact Sheet Apply with supporting documentation online using kynect or in-person at an Aging and Disability Resource Center or a Community Mental Health Center	Case management Behavior programming Companion Supervised residential (level I, level II, and level III) Counseling Occupational therapy Personal care Respite Speech, hearing and language Adult Day Training Supported employment Specialized medical equipment and supplies Environmental modifications Contact: email DMS or call (844) 784-5614 Forms: https://chfs.ky.gov/agencies/dms/Pages/map forms.aspx	· · · · · · · · · · · · · · · · · · ·	
Health Center Website: https://chfs.ky.gov/agencies/dms/dca/ Pages/abi.aspx			

WAIVER	TRADITIONAL SERVICES	PARTICIPANT DIRECTED (PDS) SERVICES	LEVEL OF CARE and SERVICE AUTHORIZATION
HCD	Case management	Environmental or minor home adaptation	Nursing facility level of care
HCB	Attendant care	Goods and services	907 KAR 1:022
Nonresidential & nonmedical services	Specialized respite care	Home and community supports	907 KAK 1.022
for individuals who are over 65 and	Environmental or minor home adaptation	Non-specialized respite care	The level of care assessment is
for both adults and children with	Adult Day Health Care (ADHC)	PDS coordination	conducted by a state HCB
physical disabilities who need help to	Goods and services	1 D3 coordination	assessor.
live in the community.	Home delivered meals		assessor.
	Tionic derivered means	Utilizes a Support Broker through the	Within 60 days of allocation
meet nursing facility level of care	Contact:	Area Agencies on Aging (AAA) or	letter, the Case Manager or
and Medicaid waiver financial	Contact.	a Community Mental Health	Support Broker facilitates person
eligibility	http://chfs.ky.gov/dms/hcb.htm	Center (CMHC).	centered planning identifying
Medicaid Waiver Eligibility Fact	http://ems.ky.gov/ams/neo.htm	<u>Center</u> (Civilic).	what is important to and
Sheet	502-564-5560		important for the person. The
	202 201 2200	Contacts:	team identifies the amount and
Apply with supporting documentation	Forms:	5. Current Case Manager	frequency of services to match
through MWMA OR	https://chfs.ky.gov/agencies/dms/Pages/map	6. Department for Medicaid Services	preferences and assessed needs.
Contact any HCB waiver service	forms.aspx	7. https://chfs.ky.gov/agencies/dms/dca/Pages/c	The person centered service plan
provider, with a physician referral, to	10111151ta5p11	do.aspx	is developed and submitted in
request an assessment.		502-564-1647 OR 855-459-6328	MWMA.
		8. Department for Aging and	IVI W IVIA.
http://chfs.ky.gov/dms/mwma.htm#w		Independent Living	
<u>hat</u>		DAIL PDS page	
		502-564-6930	
		002 001 0700	
Website:			
https://chfs.ky.gov/agencies/dms/dca/			
Pages/hcb-waiver.aspx			

Medicaid Home and Community Based Waiver Programs Overview

WAIVER	TRADITIONAL SERVICES	PARTICIPANT DIRECTED (PDS)	LEVEL OF CARE and
		SERVICES	SERVICE AUTHORIZATION
Model II Waiver	An individual enrolled in MIIW may	Not applicable	High Intensity nursing care
In-home waiver services for an	receive up to 16 hours of private duty nurse		services 24 hours per day
individual who is dependent on a	services per day from a registered nurse,		nursing facility level of care
ventilator 12 hours or greater per day,	licensed practical nurse, or respiratory		907 KAR 1:022
meets High Intensity nursing care	therapist as determined by assessment,		
services 24 hours per day and would	individual ventilator dependency needs and		A registered nurse conducts the
otherwise require nursing facility	provider staffing.		LOC assessment using the MAP-
level of care in a hospital-based			351A form and completes the
nursing facility	Agencies should not routinely request 16		person-centered service plan.
907 KAR 1:022	hours/day.		
and Medicaid waiver financial			Reevaluation for MIIW services
eligibility	Contact: 502-564-5560		is required every 60 days.
Medicaid Waiver Eligibility Fact			
Sheet			Level of care determination is
	Forms:		required every six months.
Apply with supporting documentation	https://chfs.ky.gov/agencies/dms/Pages/map		
through kynect benefits	<u>forms.aspx</u>		
OR			
by calling the <u>Department for</u>			
Community Based Services			
(DCBS) at (855) 306-8959 or in-			
person at a <u>DCBS office</u>			
or in-person at an Aging and			
Disability Resource Center or			
a <u>Community Mental Health Center</u> .			
Website:			
https://chfs.ky.gov/agencies/dms/dca/			
Pages/mIIws.aspx			